

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | R.H. | 48 | 6/26 |
| O.I.P.E. CLASSIFIER | | | 7/3/01 |
| FORMALITY REVIEW | R.B. | 1026 | 08/14/01 |
| RESPONSE FORMALITY REVIEW | EP | 1027 | 11-19-01 |
| | LC | 1024 | 12-20-01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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533
12-20-01
8-13-01
26/19-1